

6508395071

FISH & RICHARDSON PC

SUBSTITUTE PTO/SB/51

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)  
17136-003001

I hereby declare that:

Each Inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in the patent number 6,355,413, granted March 12, 2002 and for which a reissue patent is sought on the invention entitled Method for Determining Ion Channel Activity of a Substance.

The specification of which

☐ is attached hereto.

☒ was filed on March 11, 2004 as reissue application number 10/800,361 and was amended on March 11, 2004 in a preliminary amendment, and further in the amendment filed herewith. (if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☒ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

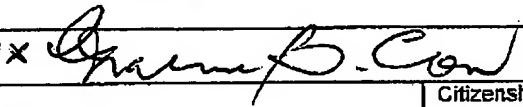
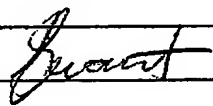
☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of others' errors.

At least one error upon which is reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The original language of claim 1 contains at least one error in that it claims less than the patentee had the right to claim in the patent. Specifically, the recitation of separate steps of "(i) expressing a peptide, polypeptide or protein in the plasma membrane of a host cell, ..." and "(ii) contacting the host cell with the test substance; ..." renders the patent wholly or partly inoperative, since the method of the invention may be performed by contacting a test substance with a host cell which expresses a heterologous peptide, polypeptide or protein having ion channel activity when expressed in the plasma membrane of the host cell.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR page 2)		Docket Number (Optional) 17136-003001	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. Note: To appoint a power of attorney, use form PTO/SB/81. Correspondence Address: Direct all communications about application to: <input checked="" type="checkbox"/> Customer Number <input type="text" value="26181"/> OR <input type="checkbox"/> Firm or Individual Name <input type="text" value="Mary Ann Dillahunt"/> <input type="text" value="Address"/> <input type="text" value="Fish &amp; Richardson P.C."/> <input type="text" value="Address"/> <input type="text" value="500 Arguello Street, Suite 500"/> <input type="text" value="City"/> <input type="text" value="Redwood City"/> <input type="text" value="State"/> <input type="text" value="CA"/> <input type="text" value="Zip"/> <input type="text" value="94063"/> <input type="text" value="Country"/> <input type="text" value="USA"/> <input type="text" value="Telephone"/> <input type="text" value="(650) 839-5070"/> <input type="text" value="Fax"/> <input type="text" value="(650) 839-5071"/>			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Peter William Gage			
Inventor's Signature RMB 22, Powell Drive, via Queanbeyan New South Wales, 2620, AUSTRALIA		Date Australia	
Mailing Address - Same as above			
Full name of second joint inventor (given name, family name) Graeme Barry Cox			
Inventor's Signature x 		Date 21/10/05	
Residence 66 Bundle Hill Road, Bawley Point New South Wales, 2539, AUSTRALIA		Citizenship Australia	
Mailing Address Same as above			
Full name of third joint inventor (given name, family name) Gary Dinneen Ewart			
Inventor's Signature 		Date 24/10/05	
Residence 189 Phillip Avenue, Hackett Australian Capital Territory, 2602, AUSTRALIA		Citizenship Australia	
Mailing Address Same as above			
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

## REISSUE APPLICATION DECLARATION BY THE INVENTOR

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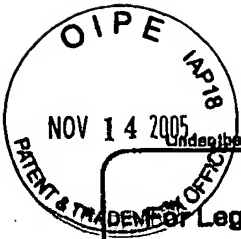
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Correspondence Address: Direct all communications about application to:						
<input checked="" type="checkbox"/> Customer Number		26181				
<b>OR</b>						
<input type="checkbox"/> Firm or Individual Name		Mary Ann Dillahunty				
Address		Fish & Richardson P.C.				
Address		500 Arguello Street, Suite 500				
City		Redwood City	State	CA	Zip	94063
Country		USA				
Telephone		(650) 839-5070		Fax	(650) 839-5071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.						
Full name of sole or first inventor (given name, family name) Peter William Gage (DECEASED – see attached Form PTO/SB/2LR)						
Inventor's Signature					Date	
Residence RMB 22, Powell Drive, via Queanbeyan New South Wales, 2620, AUSTRALIA				Citizenship Australia		
Mailing Address Same as above						
Full name of second joint inventor (given name, family name) Graeme Barry Cox						
Inventor's Signature					Date	
Residence 66 Bundle Hill Road, Bawley Point New South Wales, 2539, AUSTRALIA				Citizenship Australia		
Mailing Address Same as above						
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Inventor's Signature					Date	
Residence 189 Phillip Avenue, Hackett Australian Capital Territory, 2602, AUSTRALIA				Citizenship Australia		
Mailing Address Same as above						
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.						




### DECLARATION Supplemental Sheet

For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name Peter William Gage

Page 1 of 1

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Angela Fay</u>		<u>Dulhunty</u>	
Legal Representative's Signature 		Date <u>9/11/05</u>	
Residence: City	<u>Queanbeyan</u>	State	<u>Australia</u>
		Country: <u>Australia</u>	Citizenship <u>Australian</u>
Mailing Address <u>130 Powell Drive, Queanbeyan, NSW 2620, Australia</u>			
Mailing Address <u>same as above</u>			
City		State	Zip
		Country	
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City		State	Country
			Citizenship
Mailing Address			
Mailing Address			
City		State	Zip
		Country	
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City		State	Country
			Citizenship
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.